U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 6043	2. Fiscal Year Covered From:			
•	1/1/2	2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and ad	dress of labor organization.		
Name James T Ferguson	Name International Association of Fire Fighters			
	Labor Organization File Nu	mber 000-317		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
1.6. 300, 3.69, 1.60, 1.61, 1.61,	7 to. box, ballding and too			
Street 1139 Mission Street	Street 1750 New Yor	k Avenue, N.W.		
City San Francisco	City Washington	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
State California ZIP Code + 4 94103-1514	State District of	Columbia ZIP Code + 4 20006-5395		
5. Position in labor organization. Vice President 10th District	Magazi and a contraction and a series and a			
	usions set forth in the instruction	ns):		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	usions set forth in the instruction	ns): promic benefit of seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other ecolon represents or is actively	ns): promic benefit of seeking to represent.		
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name	derived income or other ecoion represents or is actively 7.a. Nature of interest, Transa	ns): promic benefit of seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other ecolon represents or is actively	ns): promic benefit of seeking to represent.		
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(except as specified in the exclusion (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	derived income or other ecoion represents or is actively 7.a. Nature of interest, Transa 7.b. Amount.	enalties of the law, that all of the information mined by the signatory and is, to the best of the		

Name of Person Filing James Ferguson	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
Name and address of Business (including trade name, if any). 9. Business deals with:								
Name Woodley & McGillivary Trade Name, if any: Woodley & McGillivary	🔀 a. Labor Organization							
P.O. Box, Bldg., Room No., if any Suite 400	b. Trust							
Street 1125 Fifteenth Street, NW								
City Washington								
State District of Columbia ZIP Code + 4 20005								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name	General Counsel Legal Services							
de Name, if any:								
P.O. Box, Bldg., Room No., if any								
11.b. Approximate dollar value of such dealing. \$1,073,225								
City	12.a. Nature of interest held or income received.							
State ZIP Code + 4	Dinner on October	6, 2004						
	12.b. Amount.	\$121						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	as 1755 Manus mental Construction of the Const						
Name	manner areas							
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any Street City								
						State ZIP Code + 4	The second secon	
						13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	3100 (TAMBORA / 3)

Name of Person Filing	James	Ferguson		.	 File Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Woodley & McGillivary	a. Labor Organization
Trade Name, if any: Woodley & McGillivary	Strong and a strong a strong and a strong a
P.O. Box, Bldg., Room No., if any Suite 400	b. Trust
Street 1125 Fifteenth Street, NW	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20005	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	General Counsel Legal Services
Trade Name, if any:	THE COLUMN AND ADDRESS OF THE COLUMN AND ADD
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$1,073,225
	12.a. Nature of interest held or income received.
	Christmas Gift
	7
	12.b. Amount. \$50